FINANCIAL DEPARTMENT

COMPTROLLER'S OFFICE, BANGALORE.

Notification No. 30—*B. II, dated* 12*th July* 1938.

To

The Deputy Commissioner,
Treasury Department,
....District.

Sir.

I have the honour to state that a schedule of Receipts under IV-A. Miscellaneous Taxes is not being received from the Treasuries along with the monthly Cash Accounts for check in this office, and to request therefore that a separate schedule in respect of the head noted above may be prepared each month commencing from July 1938 and sent to this office along with the other schedules accompanied by the relevant chellans in support of the credits. Needful instructions may be kindly issued to all the Taluk Treasury Officers also in regard to the correct classification of receipts under this head to facilitate consolidation in the District Treasury.

I have the honour to be,
Sir,
Your most obedient servant,

A. N. RAGHAVACHAR,
Comptroller.

Form 75, Article 357, M.C.A.C., Volume II.

Register of Micellaneous Receipts in..... .....Treasury for.....19

Head of Account..... ...

Date	Chellan No.	From whom received	Particulars	Amount	Daily total carried to Cash Book
				Rs. a. p.	Rs. a. p.

MISCELLANEOUS DEPARTMENTS

OFFICE OF THE SECRETARY, MYSORE GOVERNMENT LIFE INSURANCE DEPARTMENT.

PUBLIC BRANCH.

Notification dated 20*th July* 1938.

In connection with the election of five Members to represent Policy Holders of the Public Branch on the Mysore Government Life Insurance Committee for a period of three years from 1st January 1939, it is hereby notified that insured persons holding in the Public Branch, Policies assuring in the aggregate Rs. 5,000 or more, and desirous of standing as candidates for election, may apply for candidature in the following form, so as to reach the undersigned on or before 31*st August* 1938. Applications received after the prescribed date will not be considered.

The last date for withdrawal of application for candidature is 30th September 1938.

G. MADHAVA RAO,
For *Secretary.*

Policy No.	Sum Assured	Name of the Insured	Address in full

Station.....
Date.....

Signature of Policy Holder.